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**FACSIMILE TRANSMITTAL SHEET****DATE SENT:** June 8, 2005**DELIVER TO:**

**Name:** Examiner Melvin Pollack  
**Company:** USPTO / GAU 2145  
**Fax No:** 703-872-9306

**FROM:** **Ramraj Soundararajan****YOUR FILE:** **09/902,729**

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- Supplemental Amendment

PTO/SB/21 (09-04)

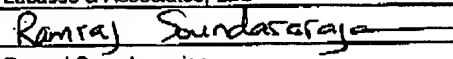
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/902,729
	Filing Date	7/12/01
	First Named Inventor	Ruvolo, Joann
	Art Unit	2145
	Examiner Name	Melvin Pollack
Total Number of Pages in This Submission	Attorney Docket Number	ARC920010011US1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Amendment
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Lacasse & Associates, LLC		
Signature			
Printed name	Ramraj Soundararajan		
Date	June 8, 2005	Reg. No.	53832

CERTIFICATE OF TRANSMISSION/MAILING			
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ARC920010011US1  
09/902,729

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Ruvolo et al.

Serial No.: 09/902,729

Group Art Unit: 2145

Filed: 7/12/2001

Examiner: Melvin Pollack

Title: *Communication Triggered Just in Time Information*

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JUN 08 2005

SUPPLEMENTAL AMENDMENT

MS Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
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Sir:

In response to the outstanding office action of 2/18/2005, and the Amendment previously filed on 5/18/2005, and further in view of the examiner interview of 5/24/2005, please amend the above-identified application as follows: